

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AD FILED		APPLICANT ALZHOEIMERS		APPLICANT ALZHOEIMERS	
	CHD	DEP	CHD	DEP	CHD	DEP
1	/					
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TOTAL IND.	2					
TOTAL DEP.	18					
TOTAL CLAIMS	20					

	CHD	DEP	CHD	DEP	CHD	DEP
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